

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        | 6/11/01 |
| O.I.P.E. CLASSIFIER       |          | 809    | 6/22/01 |
| FORMALITY REVIEW          | SK       |        | 8-7-01  |
| RESPONSE FORMALITY REVIEW |          |        |         |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 1              | ✓    |
| 2              | ✓    |
| 3              | ✓    |
| 4              | ✓    |
| 5              | ✓    |
| 6              | ✓    |
| 7              | ✓    |
| 8              | ✓    |
| 9              | ✓    |
| 10             | ✓    |
| 11             | ✓    |
| 12             | ✓    |
| 13             | ✓    |
| 14             | ✓    |
| 15             | ✓    |
| 16             | ✓    |
| 17             | ✓    |
| 18             | ✓    |
| 19             | ✓    |
| 20             | ✓    |
| 21             | ✓    |
| 22             | ✓    |
| 23             | ✓    |
| 24             | ✓    |
| 25             | ✓    |
| 26             | ✓    |
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| 31             | ✓    |
| 32             | ✓    |
| 33             | ✓    |
| 34             | ✓    |
| 35             | ✓    |
| 36             | ✓    |
| 37             | ✓    |
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| 39             | ✓    |
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| 41             | ✓    |
| 42             | ✓    |
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| 46             | ✓    |
| 47             | ✓    |
| 48             | ✓    |
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| Claim          | Date |
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| Final Original |      |
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| Claim          | Date |
|----------------|------|
| Final Original |      |
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| 150            |      |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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508-809

10-2-2  
 8-7-01